# REGION VIII AGING SERVICES

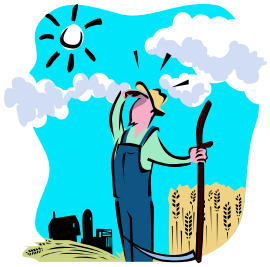
***Mark Jesser, Regional Aging Services Program Administrator***

Serving: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, & Stark Counties

# Spring 2006

**INSIDE THIS ISSUE:**





## AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, coworker, at your Senior Center, post on a bulletin board, etc… If you wish not to be on the mailing list for the newsletter, please contact **Mark Jesser** at **227-7557**. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **Badlands Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **Badlands Human Service Center** is an equal opportunity employer.

## MISSION STATEMENT:

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.

*Region VIII Newsletter compiled by Shannon Nieuwsma, WCHSC.*

north dakota department of human services

# MEDICARE PART D PRESCRIPTION DRUG COVERAGE UPDATE

**Submitted by**
**Bill Lardy, SHIC**

On November 15, 2005 people with Medicare began signing up for prescription drug coverage. By January 13, 2006, approximately 34,000 North Dakotans, about 33% of all people with Medicare, had drug coverage of some type, including approximately 8,700 who had enrolled in a stand-alone Private Prescription Drug Plan. As May 15, 2006 is the enrollment deadline for people who are currently on Medicare, there is plenty of time to review plan options and enroll in a drug plan. Be aware that if you miss the May 15th deadline your next opportunity to enroll will be from November 15 to December 31, 2006.

And there seems to be good reason to consider enrolling. AARP of North Dakota recently reported about a Minot woman who used to get her medicine from Canada at a cost of more than $450 per month. By enrolling in a Medicare Prescription Drug Plan she was able to get the same medications from a local pharmacy and save more than $200/month!

During a January enrollment session in Grand Forks, among the half-dozen folks who enrolled, the least annual savings reported by any of them was more than $1,100. Medicare estimates that, on average a person, who enrolls can expect to save about 50% of the cost of medications over a year's time, or about $1,100/year. This seems to be born out by the numbers reported during the Grand Forks program. Of course, each person's situation is different; the amount of savings, if any, one might experience will depend on the medications taken and the plan chosen. But it seems too likely that true savings can be realized by those who do not now have any help in paying for their medicine.

Reviewing plans can be a bit of a challenge but there are trained people throughout the state who will help any who need it. The Aging Services Administration in the North Dakota Department of Human Services has personnel available in each of the state's eight regions. In addition, both the Senior Health Insurance Counseling (SHIC) Program in the North Dakota Insurance Department and AARP of North Dakota have trained volunteers in many communities who are committed to helping their neighbors.

If you have not already done so, please take the time to see how you might benefit if you enrolled in a plan. The best way to review your options is to use the Medicare web site, www.Medicare.gov. If you don't use a computer perhaps you can ask a family member or friend. You may also call SHIC at 1-888-575-6611. Please don't ignore this new Medicare benefit. The potential for you to save real money is too great to let this first enrollment opportunity slip by. The sooner you sign up the sooner you will be able to save.

# The Office On Women's Health

in the U.S. Department of Health and Human Services

The Department of Health and Human Services' Office on Women's Health (OWH) is supporting two important heart health Web sites for women and health care providers. Please help us get the information out to your family, friends and community. The sites are:

**For Your Heart (www.womenshealth.gov/ForYourHeart) --** For Your Heart is a simple, interactive Web site that provides women with personalized information and tips on preventing heart disease. Following a brief survey, each woman receives stories on exercise, nutrition, weight loss, smoking, diabetes, cholesterol, blood pressure, menopause, and stroke. These stories are tailored specifically to each woman's race/ethnicity, age, and heart disease risk factors. Please visit ***For Your Heart*** at http://www.womenshealth.gov/ForYourHeart/ or call 1-800-994-WOMAN (1-800-994-9662) or 1-888-220-5446 for the hearing impaired.


**Heart Healthy Women(www. hearthealthywomen.org) –**
Heart Healthy Women is the online source for the most up-to-date information on diagnosis and treatment of heart disease in women. The website features separate educational sections for women with heart disease and their healthcare providers. Information offered includes: 1) the most important signs and symptoms of cardiovascular disease in women; 2) the accuracy of diagnostic tests for women; and 3) the safety and effectiveness of treatments and surgical procedures that are appropriate for women. For online information on the diagnosis and treatment of heart disease, please visit ***Heart Healthy Women*** at http://www.hearthealthywomen.org.


## "*Navigating the Currents of Memory Loss*"

## Family and Professional Conference

### March 11, 2006

- ✓ **Get the latest update on Alzheimer's Research**
- ✓ **Gain perspectives from individuals in the early-stages of memory loss**
- ✓ **Learn innovative approaches to caring for persons with dementia**

**Satellite downlink from the Earl Brown Center in Minnesota will be viewed at:**
**Harold Schafer Leadership Center, University of Mary – Bismarck**

**For more information or to register go to: www.alzmndak.org/currents2006.**
**Scholarships are available for family care partners.**

*For questions, call the conference information line at (952)857-0529
*For other questions, contact Kristi Pfliger-Keller, Director Alzheimer's Association Minnesota-North Dakota at (701)258-4933

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January 2006 – Fact Sheet

# *Vulnerable Adult Protective Services*

## Background:

In 1989, the North Dakota Legislature passed the Vulnerable Adult Protective Services Law, which authorized the Department of Human Services to develop, administer, and implement a program of protective services for vulnerable adults. Each regional human service center has an Elder Services Unit, which is responsible for vulnerable adult protective services, as well as other services.

*Protection of vulnerable adults seeks to prevent further abuse, neglect, or exploitation and to promote self-care and independence.*

## State Law:

**A vulnerable adult is defined as any person older than age 18, is emancipated by marriage, or who has a substantial mental or functional impairment.**

ND Century Code 50-25.2-03 states that any person who reasonably believes that a vulnerable adult has been subjected to abuse or neglect or observes conditions or circumstances that reasonably would result in abuse or neglect, may report the information to the Department of Human Services or to an appropriate law enforcement agency.

The law gives the department the right to assess and to provide or arrange the provision of adult protective services, if the vulnerable adult consents to and accepts the services. The department may pursue administrative, legal, or other remedies authorized by law, which are necessary and appropriate under the circumstances to protect a vulnerable adult who cannot give consent, and to prevent further abuse or neglect.

**Did You Know:** Adult children, other family members, church communities, and other informal support systems help meet the needs of many people. Individuals who receive vulnerable adult protective services often lack these informal supports.

## Statistics:

### Vulnerable Adult Services

October 2004 – September 2005

- 515 New cases
- 368 Information and referral calls
- 199 Brief services (Required up to 2 hours of staff time to resolve. For example, helping a family locate needed services.)
- 457 Cases closed
- 7,650 hours spent on information and referral, brief services, and cases

*NOTES:*

- *A clarification in reporting occurred. Case data should not be compared to data prior to the 2003-2004 federal fiscal year.*
- *A new case does not mean a person has not been served before. Recidivism is common. Abilities change over time, and concerns about neglect or abuse may resurface.*

### Referral Reasons

- 62% Self-neglect
- 17% Neglect
- 10% Abuse
- 11% Financial exploitation

### Referral Sources

- 26% Agency
- 29% Medical/Home Health
- 16% Family
- 20% Community
- 5% Legal/Judicial
- 4% Self

### Priority of Request

- 85% Non-emergency
- 7% Emergency
- 8% Imminent danger

**See Side 2:**

- Demographic Characteristics
- How Calls Are Handled
- Contacts

## Vulnerable Adult Protective Services

## Demographic Data

*October 2004 – September 2005*

### General

- 74% were age 60 and older
- 52% were female
- 95% were Caucasian
- 3% were American Indian/Native Alaskan

### Marital Status

- 64% single/widow/widower
- 20% married
- 14% divorced
- 2% separated

### Living Arrangements

- 61% live alone
- 32% live with a spouse or other family member
- 7% live with non-relatives

### Alzheimer's and Related Dementia

- 69% Did not have dementia
- 31% Do have some sort of dementia

### Reasons for Case Closure:

- 24% Referred to another agency
- 15% Moved out of the area, received protective arrangements, or died
- 14% Client refused services
- 9% Placed in long-term care facility
- 11% Referred to home & community-based services
- 27% Other

## Another Resource:

**North Dakota Senior Info Line**

**1-800-451-8693**

**www.ndseniorinfoline.com**

***Produced January 2006***

*N.D. Department of Human Services*

*Aging Services Division*

***600 E Boulevard, Department 325***

***Bismarck N.D. 58505-0250***

***Phone: 701-328-4601 TTY: 701-328-3480***

www.nd.gov/humanservices

## Adult Protection in Practice:

- A **vulnerable adult has the right** to make decisions on his or her own behalf until he or she delegates responsibility voluntarily to another, or the court grants responsibility to another.
- **When interests compete**, a competent individual's decision supercedes community concerns about safety, landlord concerns about property, or family concerns about health or finances.
- **A person can choose** to live "in harm" or even self-destructively, if she or he is competent to choose, does not harm others, and commits no crimes. (Each year, about 15 percent of the people offered vulnerable adult protective services in N.D. refuse them.)
- **Protection of vulnerable adults seeks to prevent further abuse, neglect, or exploitation and to promote self-care and independence.**

## How Calls Are Handled:

When a Regional Human Service Center receives a call about suspected abuse or neglect of vulnerable adults:

- **Staff assess the situation** via phone to determine if an emergency exists.
- **Staff work with law enforcement.**
- If it is not an emergency, but requires more than providing information and referral, **staff may conduct a site visit** to assess the situation and assure appropriate services are offered.
- If appropriate, **staff may offer services** to the vulnerable person such as home-delivered meals, personal care assistance, respite care, or other services.

## Human Service Center Contact Information:

| | | |
|---|---|---|
| Bismarck | 701-328-8888 | 888-328-2662 |
| Devils Lake | 701-665-2200 | 888-607-8610 |
| Dickinson | 701-227-7500 | 888-227-7525 |
| Fargo | 701-298-4500 | 888-342-4900 |
| Grand Forks | 701-795-3000 | 888-256-6742 |
| Jamestown | 701-253-6300 | 800-260-1310 |
| Minot | 701-857-8500 | 888-470-6968 |
| Williston | 701-774-4600 | 800-231-7724 |

# Early Recognition of Dementia

**Submitted by: Kristi Pfliger-Keller,**
**Director Western ND Regional Center MN-ND Alzheimer's Association**

We have all experienced what we jokingly refer to as a "*senior moment."* Forgetting where you parked your car, encountering an acquaintance and being embarrassed by an inability to recall his or her name, or walking into a room and forgetting the task that spurred your reason for being there in the first place are all experiences in which most of us can relate.

However, one of the biggest myths surrounding "forgetfulness" is that it is a natural part of aging. Our body and its processes slow down as we age and it may take us a bit longer to remember or recall information. But, excessive forgetfulness is not normal and should warrant further investigation from a trained medical professional. Some of the warning signs of memory loss include disorientation to place or time, difficulty performing familiar tasks, problems with language, and changes in mood, behavior, or personality. It is crucial that a person concerned with memory loss receives a thorough diagnosis. Medical records show that over 200 different types of dementia exist – and Alzheimer's disease is just one of those types. Memory loss can be caused by nutritional deficiencies, depression, untreated thyroid conditions, reactions to medications, and much more.

The Minnesota-North Dakota Alzheimer's Association provides individuals and families affected by Alzheimer's disease and related disorders with information, education and resources that help enhance quality of life and ease caregiver stress. The Alzheimer's Association can be reached in Bismarck at 701-258-4933 or our 24-hour, 7 day a week Information HelpLine at 1-800-232-0851. On-line resources can be located at www.alzmndak.org. Note: check out our website for information on a family and professional educational opportunity to be held March 11th in Bismarck with noted researchers from Mayo Clinic.

# ND Family Caregiver Support Program

## Older patients with caregivers and assistance for activities of daily living: 1998 and 2000

by Lisa L. Dwyer, M.P.H.
Division of Health Care Statistics,
National Center for Health Statistics

### Introduction

Many older community-dwelling adults reside with a caregiver, either family or non-family members. This living arrangement may result from one or more of the following situations: marriage, cultural norms (1), or the financial need or functional impairment of the care recipient (2). Combined data on discharged patients from the 1998 and 2000 National Home and Hospice Care Surveys reveal that 76 percent of those 65 years and over usually lived with their primary caregiver during the episode of care. A primary caregiver is an individual who is responsible for providing personal care assistance, companionship, and/or supervision to a patient (3). Over 80 percent of the primary caregivers in our sample were informal caregivers: spouses or children (including daughters-in-law or sons-in-law). More males than females lived with their primary caregiver, 90 percent versus 68 percent ($p < 0.001$), most likely due to men being cared for by their spouses who outlived them.

Oftentimes, coresidence with a primary caregiver is initiated when an older adult shows signs of activities of daily living (ADL) or instrumental activities of daily living (IADL) limitations that require caregiver involvement (2). Moreover, having a caregiver and receiving assistance with ADLs are strongly associated with using home health services (4). This analysis uses data from the 1998 and 2000 NHHCS to examine ADL assistance received by home health patients ages 65 years and over and the extent to which receipt of services is related to sex. The NHHCS collects data about characteristics of home health care and hospice agencies and their patients using agency reports and medical records. The surveys collected information about the primary caregiver the patients had during the episode of care. It also collected information on the receipt of services for ADLs during this episode.

Table 1. Percentages of older home health patients living with a primary caregiver and receiving assistance with activities of daily living from the agency, by sex: National Home and Hospice Care Survey, 1998 and 2000

| Activities of daily living | Percent male | Percent female | *p*-value |
|---|---|---|---|
| Any activity of daily living | 41.7 | 52.7 | <0.05 |
| Bathing or showering | 35.3 | 45.2 | <0.05 |
| Dressing | 33.4 | 38.6 | >0.05 |
| Eating | 5.6 | 10.0 | <0.05 |
| Transferring | 28.1 | 35.3 | >0.05 |
| Walking | 27.0 | 32.6 | >0.05 |
| Using toilet room | 16.4 | 25.3 | <0.05 |

NOTE: Responses "Don't know," "Not applicable," and "Blank or invalid" were excluded from the analysis.

Significant differences were found between the sexes in the receipt of ADL assistance. Specifically, more women than men received assistance with any activity of daily living overall, 53 percent compared to 42 percent, respectively. Almost half of the female patients (45 percent) received

assistance from a home health agency to bathe or shower compared to more than one-third of male patients (35 percent). Eating assistance was almost twice as likely among female patients as male. In addition, 25 percent of females received assistance from the agency in using the toilet room compared to 16 percent of males.

### What do these data tell us?

The NHHCS data reveal that although men were more likely to live with their primary caregiver, women were more likely to receive formal services related to personal care. This demonstrates that informal caregivers, particularly of older women, do not provide all the necessary assistance; therefore, the patient still requires the help of formal care services. Although one would presume that women's older age caused them to receive more help, the data show that the difference in mean age was statistically, but not clinically, significant: 78.66 (standard error (S.E.) = 0.39) for women versus 77.39 (S.E. = 0.41) for men. On the other hand, the data reveal a significant difference in the percentage of females, 85 years and over, compared to males: 25 percent versus 18 percent, respectively (data not shown). Generally speaking, receiving assistance suggests more functional limitation or impairment, whether acute or chronic, among women for which the primary caregiver is unable or unwilling to provide. In fact, a recent publication emphasizes the importance of informal caregivers in our long-term care system and also reveals that many of them have health problems themselves (**5**). This may explain, in part, why many informal caregivers do not provide assistance in all personal care activities, such as bathing or showering, eating, or using the toilet room. Future NHHCS surveys (the next one will be administered in 2007) that collect information on who assisted the sampled patients with each ADL will provide data to address these issues more. Such data will also provide information about the potential needs of and the subsequent services necessary for patients after discharge from a home health agency.

### Conclusion

There are significant differences between community-dwelling older men and women living with a primary caregiver in the services they received from home health agencies. A greater percentage of women than men received assistance for personal care activities, such as bathing or showering, eating, or toileting, even while residing with a primary caregiver. This underscores the importance of community resources (i.e., formal care services) that provide older women and their caregivers with ADL assistance and other services to help alleviate the burden of care due to functional limitations.

### References

1. Himes CL, Hogan DP, Eggebeen DJ. Living arrangements of minority elders. Gerontology: Social Sciences 51B(1): S42–S48. 1996.

2. Mickus M, Stommel M, Given CW. Changes in living arrangements of functionally dependent older adults and their adult children. Aging Health 9(1): 126–143. February 1997.

3. Haupt BJ. Characteristics of hospice care discharges and their length of service: United States, 2000. National Center for Health Statistics. Vital Health Stat 13(154). 2003.

4. Kadushin G. Home health care utilization: a review of the research for social work. Health So Work 29(3): 219–244. August 2004.

5. Ho A, Collins SR, Davis K, Doty MM. A look at working-age caregivers' roles, health concerns, and need for support. Commonwealth Fund pub. #854, August 2005.

# The 2005 White House Conference on Aging

By Clyde Leimberer, At-Large Delegate

The White House Conference on Aging occurs every 10 years and serves as a catalyst for the development and enhancement of national, state and local aging policies in the US. This year's conference theme was: *"The Booming Dynamics of Aging: From Awareness to Action".* We were called upon to consider the impact and opportunities presented by the 78 million baby boomers that will begin to turn 65 in 5 years. Our recommendations and strategies will be compiled and presented to Governors in March and to the President and National legislators in June. These are also becoming available on the World Wide Web at: www.whcoa.gov

Some 1200 delegates were selected by the state Governors and national Senators and Representatives. However, I was selected as one of around 200 at-large delegates because of my unique background as Chaplain and workshop presenter. Other delegates from ND were: Shelly Peterson (NDLTCA), Dr. Clayton Jenson (UND School of Medicine and Chm. Good Samaritan Society), Dr. Kent Yohe (Chiropractor from Fargo), Dallas Knudson (Towner), Frederick Baker (Newtown, Governor's Committee on Aging and Native American), Gloria Jetty Lefthand (Spirit Lake Tribe, St. Michaels, ND) and I.

**Broad themes included:**

1. Planning along the lifespan
2. The workplace of the future
3. Our community
4. Health and long term living
5. Civic engagement and social engagement
6. Technology and innovation in the emerging senior/boomer marketplace

**Displays of Technology, Service Providers and other groups** were also available to show how their products and services may help persons retain independence longer or resource our varied organizations.

I was the only one from North Dakota to attend a **Roundtable on Global Aging** where representatives of various countries (developed and undeveloped) spoke about their support of aging persons in their nations. Dr. Richard Jackson from the CSIS Global Aging Initiative brought perspective to our conference with the statement: "We live in an era defined by many challenges, from global warming to global terrorism. None is as certain as global aging. And none is likely to have such a large and enduring effect on the shape of national economies and the world order." It was very interesting to find that some European countries have a higher percentage of elderly persons than there are in the US. In recent years, some countries have added taxes to cover long term care insurance for their elderly residents.

A week before the Conference began, we were given 73 recommendations from the planning committee and within 24 hours, we were to vote on our top priorities (30 - 50). On Tuesday, we each selected 3 smaller groups to attend and talk about strategies to accomplish those resolutions.

**The top ten recommendations in order as selected by delegates:**

**1.** Reauthorize the Older Americans Act within the first six months following the 2005 White House Conference on Aging. A number of strategies were proposed including more funding, specific programming for the Native American

population, increasing support of family caregivers and increased nutrition services.

**2.** Develop a coordinated, comprehensive Long-Term Care Strategy by supporting public and private sector initiatives that address financing, choice, quality, service delivery, and the paid and unpaid workforce. Strategies to accomplish this included: promotion of Long Term Care Insurance or even a Medicare E to cover long term care costs; various scholarships and incentives to bring adequate numbers of workers into the field; the possibility of giving Social Security wages credit to family caregivers while they care for a family member.

**3.** Ensure that older Americans have Transportation Options to retain their mobility and independence.

**4.** Strengthen and Improve the Medicaid Program for Seniors. Strategies proposed to accomplish this included: Ensure that reimbursements equal the cost of care (no caps on reimbursements); Mandate enforcement of the eligibility process and enforce the Budget Reconciliation Act of 1987; Funding parity for Mental Health issues; and provide full funding eligibility for persons eligible for both Medicaid and Medicare.

**5.** Strengthen and Improve the Medicare Program. Strategies proposed to accomplish this include: an enlarged emphasis on emerging preventative strategies and services; expanded benefits to include dental, vision, mental health, substance abuse and hearing loss; and simplify Medicare part D.

**6.** Support Geriatric Education and Training for all Healthcare Professionals, Paraprofessionals, Health Profession Students and Direct Care Workers. Ironically, on Monday, while the conference was in session, a congressional committee voted to drop the Title 7 funding for the 50 major Geriatric research departments funded by the Government. (I spoke to Senator Dorgan about this during a personal appointment before I returned to Bismarck.)

**7.** Promote innovative models of Non-Institutional Long Term Care.

**8.** Improve recognition, assessment and treatment of Mental Illness and Depression among Older Americans.

**9.** Attain adequate numbers of Healthcare Personnel in all professions who are skilled, culturally competent and specialized in Geriatrics. This is similar to # 6 but emphasizes the cultural competence and sensitivity to respond to unique wishes and values of Native Americans, persons with alternative sexual preferences and other cultures.

**10.** Improve State and local based integrated delivery systems to meet the 21st century needs of seniors. Improve and facilitate the communication and coordination between programs and service providers. The Health Insurance Portability Accountability Act (HIPAA) will have to be revised: a speaker likened the act to 'tying the shoestrings together and then ordering the healthcare providers and system to run'.

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## Experience Works Searches for North Dakota's 2006 Outstanding Older Worker

Experience Works, the nation's largest training and employment organization for mature workers, is searching for North Dakota's outstanding older worker. Applicants must be 65 years of age or older, a resident of ND, currently employed, and working at least 20 hours each week for pay. Official nomination forms may be obtained from your local Experience Works representative or Experience Works, 2204 East Broadway, Bismarck, ND 58501-4930; phone 701-258-8879. The deadline for nominations is May 15, 2006.

# Telephone Numbers to Know

## Regional Aging Services Program Administrators

**Region I** - Karen Quick
1-800-231-7724
**Region II** - MariDon Sorum
1-888-470-6968
**Region III** - Donna Olson
1-888-607-8610
**Region IV** - Patricia Soli
1-888-256-6742
**Region V** - Sandy Arends
1-888-342-4900
**Region VI** - Russ Sunderland
1-800-260-1310
**Region VII** - Cherry Schmidt
1-888-328-2662
**Region VIII** - Mark Jesser
1-888-227-7525 (local 227-7557)

## Vulnerable Adult Protective Services

**Region I & II** – Dale Goldade, Vulnerable Adult Protective Services - 1-888-470-6968

**Region III** – Ava Boknecht, Vulnerable Adult Protective Services, 1-888-607-8610

**Region IV** – Vulnerable Adult Protective Services, Patricia Soli - 1-888-256-6742. Direct referral may be made to Grand Forks County Social Services-701-787-8540.

**Region V** - Vulnerable Adult Protective Services, Sandy Arends - 1-888-342-4900. Direct referral may be made to Cass County Adult Protective Services unit - 701-241-5747.

**Region VI** - Russ Sunderland, Vulnerable Adult Protective Services - 701-253-6344

**Region VII** - Cherry Schmidt or Cherie Denning, Vulnerable Adult Protective Services - 1-888-328-2662 or 701-328-8888

**Region VIII** - Mark Jesser or Michelle Sletvold, Vulnerable Adult Protective Services - 1-888-227-7525

## ND Family Caregiver Coordinators

**Region I** - Karen Quick - 800-231-7724
**Region II** – Theresa Flagstad - 888-470-6968
**Region III** - Kim Locker-Helten - 888-607-8610
**Region IV** - Raeann Johnson - 888-256-6742
**Region V** - LeAnne Thomas- 888-342-4900
**Region VI**-CarrieThompson-Widmer -800-260-1310
**Region VII** - Judy Tschider - 888-328-2662
**Region VIII** - Michelle Sletvold- 888-227-7525

## Other

Aging Services Division and Senior Info Line: 1-800-451-8693

AARP: 1-888-OUR-AARP (1-888-687-2277)

ND Mental Health Association (Local) 701-255-3692/ Help-Line: 1-800-472-2911

IPAT (Assistive Technology): 1-800-265-4728

Legal Services of North Dakota: 1-800-634-5263 or 1-866-621-9886 (age 60+)

Attorney General's Office of Consumer Protection: 701-328-3404 or 1-800-472-2600

Social Security Administration: 1-800-772-1213

Medicare: 1-800-633-4227

Senior Health Insurance Counseling (SHIC) ND Insurance Department: 701-328-2440

Prescription Connection: 1-888-575-6611

## Long-Term Care Ombudsman Services

**State Ombudsman:** Helen Funk-800-451-8693

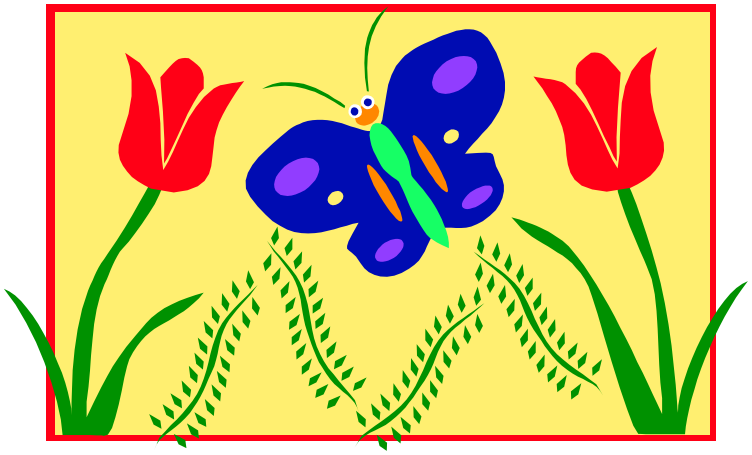
**Region I & II**- Dale Goldade -1-888-470-6968

**Region III & IV**- Kim Locker-Helten or Donna Olson - 1-888-607-8610 or 701-665-2200

**Region V & VI**- Bryan Fredrickson -1-888-342-4900

**Region VII**- Helen Funk-1-800-451-8693

**Region VIII**- Mark Jesser-1-888-227-7525



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